

Clark County Coroner  
1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



## AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

### AUTOPSY REPORT

PATHOLOGICAL EXAMINATION ON THE BODY OF  
[REDACTED]

### FINAL ANATOMIC DIAGNOSES

- I. Penetrating gunshot wound of the head.
  - A. Entrance wound: left side of the face.
  - B. The path of the missile is (anatomic position): left-to-right, front-to-back and downward.
  - C. Recovered: formed copper jacket and portion of lead projectile.

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### SUMMARY AND INTERPRETATION

This [REDACTED]-year-old [REDACTED] female, [REDACTED], died of a penetrating gunshot wound of the head. The projectile caused transection of the upper cervical spinal cord. With the information available to me at this time, the manner of death, in my opinion is Homicide.

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**CAUSE OF DEATH:** Penetrating gunshot wound of the head.

**MANNER OF DEATH:** HOMICIDE.

**CIRCUMSTANCES OF DEATH:** The decedent was shot during a mass fatality incident.

Jerry J. Hodge, D.O.  
JH/kra/ag

DATE: 20 Oct 2017

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## AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

### POSTMORTEM EXAMINATION ON THE BODY OF [REDACTED]

DATE AND TIME OF DEATH: October 2, 2017 at 0545 hours.

DATE AND TIME OF AUTOPSY: October 4, 2017 at 0520 hours.

FORENSIC PATHOLOGIST: Jerry J. Hodge, D.O.

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### CLOTHING AND PERSONAL EFFECTS

The body is received unclad. Accompanying the decedent is a plaid shirt, black top, black bra, jean shorts, tan underwear, white and black socks, and leather cowboy boots.

### EVIDENCE OF MEDICAL INTERVENTION

There is no evidence of medical intervention on the body at the time of autopsy.

### EXTERNAL EXAMINATION

The unembalmed body is that of an adult [REDACTED] female with a weight of 171 pounds and a body length of 69 inches. Rigor mortis is fixed and symmetric, but easily broken. Livor mortis is fixed on the posterior aspect of the body, except in areas exposed to pressure. The body temperature is cool to touch.

The scalp hair is dark brown in color and measures 14-16 inches. The irides are brown. The teeth are natural and in good repair. Each earlobe is pierced twice. Evidence of injury to the head will be described below in the Evidence of Injury section.

The thorax is symmetrical and normally developed. The abdomen is flat. The external genitalia are those of an adult female.

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There is no evidence of trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The hands and fingers show no evidence of trauma. The fingernails are intact. The lower extremities are normally developed and symmetrical with no edema. There is a Clark County Office of the Coroner/Medical Examiner (CCOCME) identification band on the right great toe.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

The decedent has multiple tattoos. A tattoo is on the lateral aspect of the right arm, anterior aspect of the left forearm, the right side of the abdomen, the anterior aspect of the right ankle, the dorsum of the left foot, and the low back overlying the sacrum. These are photographed for documentation purposes. The umbilicus is pierced. Other identifying body marks are not noted.

### EVIDENCE OF TRAUMA

On the left side of the face in the mid cheek area situated 5-1/2 inches below the top of the head and 3 inches to the left of the midline of the face is a round gunshot entrance wound measuring 1/8 inch in diameter. A 1/8 inch eccentric abrasion ring is on the medial aspect of the wound at the 6 to 12 o'clock position. The projectile enters the soft tissues of the face continues through the left maxillary sinus and passes immediately inferior the left basilar skull and continues posteriorly before perforating the atlanto-occipital joint and transects the cervical spinal cord. Immediately posterior within the soft tissues posterior neck a formed copper metallic jacket and a portion of lead projectile are recovered. Associated with the projectile path is a basilar skull fracture involving the left middle cranial fossa with a linear skull fracture extending to the left occipital skull. The base of the brain shows



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subarachnoid hemorrhage. Liquid blood is within the left ear canal. The path of the missile is (anatomic position): left-to-right, front-to-back and downward.

#### INTERNAL EXAMINATION

##### NERVOUS SYSTEM:

Injuries to the skull, brain and spinal cord have been described and will not be repeated. The scalp is reflected in the usual manner revealing hemorrhages. Fractures have been described. The 1320-gram brain is covered by thin, clear, delicate leptomeninges. The dura mater and falx cerebri are intact. There is good preservation of cerebral symmetry without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. Atherosclerotic changes are not demonstrated. Multiple coronal sections of cerebrum, cerebellum and brainstem reveal no localized hemorrhages, masses or lesions. The ventricular system is symmetrical, non-dilated and filled with clear fluid.

Posterior neck dissection reveals hemorrhage of the upper cervical spine. Perforation of the atlanto-occipital joint is visualized with transection of the upper cervical spinal cord.

#### TOXICOLOGY SPECIMENS

Samples of peripheral blood and vitreous fluid are collected for toxicological examination. Ethanol is detected (157 mg/dL) in postmortem blood. Drugs are not detected.

#### MICROSCOPIC DESCRIPTION

Representative sections of brain tissue are retained in formalin without preparation of glass slides.

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### ADDITIONAL PROCEDURES

Photographic and radiographic images, fingerprints, and a DNA card are obtained at the time of autopsy. Review of postmortem radiographs shows skull fractures and projectile fragments described grossly at autopsy. X-rays of the chest, abdomen, and pelvis show no evidence of acute skeletal injuries. X-rays of the extremities show no acute injuries.